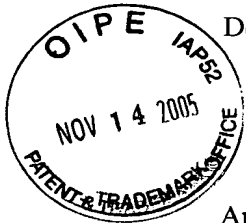


FEW  
3765



Docket No. 094-27-001

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: HADDEN, et al.

Examiner: JAMES G. SMITH

Serial No. 09/941,525

Art Unit: 3765

Filing Date: August 29, 2001

For: COATED WIRE CLOTH FABRIC

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

TRANSMITTAL


Sir:

Transmitted herewith is an executed Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence Address form for this application.

If any additional fee is required, charge Account No. 11-1580. A duplicate of this transmittal is attached.

Respectfully submitted,

November 8, 2005

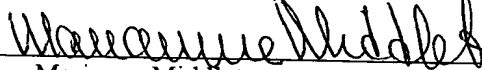
  
\_\_\_\_\_  
Jaye G. Heybl  
Registration No. 42,661  
Attorney for Applicant

KOPPEL, JACOBS, PATRICK & HEYBL  
555 St. Charles Drive, Suite 107  
Thousand Oaks, California, 91360  
Telephone: (805) 373-0060

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service via first class mail in an envelope addressed to: Commissioner of Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

11/10/05  
Date

  
\_\_\_\_\_  
Marianne Middleton



**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/941,525
Filing Date	AUGUST 29, 2001
First Named Inventor	HADDEN
Art Unit	3765
Examiner Name	JAMES G. SMITH
Attorney Docket Number	094-27-001

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 23935

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 23935

OR

<input type="checkbox"/> Firm or Individual Name					
Address					
City		State		Zip	
Country					
Telephone		Email			

I am the:

- ☒ Applicant/Inventor.
- ☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature				
Name	KIRK H. AUTIO			
Date	10-7-05	Telephone	805 486 2111	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.